

MEDICAL EXAMINER.

DEVOTED TO MEDICINE, SURGERY, AND THE COLLATERAL SCIENCES.

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BIBLIOGRAPHICAL NOTICES.

Recherches Anatomiques, Pathologiques et Thérapeutiques, sur la maladie connue sous les noms de Fièvre Typhoïde, &c. Par P. C. A. Louis. Deuxième Edition, considérablement augmentée. A Paris: 1841.

Remarks, Anatomical, Pathological, and Therapeutical, on the disease known under the name of Typhoid Fever, &c., compared with the most frequent acute diseases. By P. C. A. Louis, Physician to the Hôtel Dieu, Perpetual President of the Society of Observation, &c. Second Edition, considerably increased. 2 vols. pp. 542—523. Paris, 1841.

(Continued from page 140.)

Convalescence took place, on an average, ten days after the admission of the patients into La Pitié, and nineteen days after the appearance of the first symptoms.

The treatment of these patients offered nothing remarkable. The Seidlitz water was administered to them in the manner before indicated; and, on an average, during five days. It was replaced, once only, in one patient, by forty-five "grammes" of castor oil. The habitual drink was the solution of tartaric acid syrup, or the citric lemonade in a larger or smaller quantity.

In one case where the cephalalgia was violent and obstinate, recourse was had to an application of leeches to the mastoid apophyses, and as is usually the case, without evident success.

The cases just detailed, adds M. Barth in concluding, were equally well distributed among the different months of the year, to remove all idea of epidemic constitution; so that, from this account, these facts are entirely comparable with those which we have just treated of, and particularly with those which relate to cases treated by myself at La Pitié, by means of moderate bleedings, Seidlitz water and injections; and which, it will be recollected, amount to a hundred, of whom twelve died, or a little less than an eighth.

This last result is less favourable than that which followed the action of purgatives, in those patients whose histories I have just analyzed; without, however, our being able to conclude, rigorously, as to the superiority of evacuants, on account of the small number of cases treated by them, inasmuch as one sub-

ject more among these patients could have produced one more death, and consequently have changed in a remarkable manner the mortality, which would then have been an eighth.

Nevertheless, these two series of facts appear to me to be valuable, inasmuch as the proportion of light and grave cases is pretty equal in both; and in both the patients were treated in the same hospital, in the same wards, and by the same physician; that, indifferent to the results which should follow the administration of this or that therapeutic means, I was not drawn into error by an admitted preference, to the employment of such or such of them.*

If we can conclude rigorously from the preceding facts, even from those collected and exposed by M. De Larroque, on the superiority of evacuants in the treatment of typhoid fever, we must at least acknowledge, for nothing is plainer, that these agents have not the harmful effects attributed to them, for a long time, on the course and termination of this disease; that we can administer them without fear; that it is even quite probable, from the facts alone collected by Dr. Barth, at La Pitié, in my division, that these agents are superior to the other therapeutic means. And the conclusion would be entirely certain, if these facts, and those communicated by M. De Larroque to the Royal Academy of Medicine, were more numerous, and if this physician had entered into a greater number of details concerning them. It is evidently also to the study of the action of evacuants on the course and termination of typhoid fever, that practitioners should now especially attach themselves.

I would add that with the exception of M. De Larroque, the physicians who have employed evacuants in the treatment of typhoid fever, have not used at all, or very rarely the emetic tartar at the commencement; that this omission may have modified the cipher of mortality; that if men, learned and profoundly versed in their knowledge of typhoid fever,

* It is also probably to the small number of patients treated by purgatives, that we owe the rather remarkable differences found in the duration of the disease in the grave cases, in the patients treated by purgatives, and in those treated at La Charité by bleeding, (two small bleedings in the first ten days of the affection.) Under the influence of this last treatment, in fact, the average duration of the disease was thirty days, in the grave cases, and twenty-five in the light ones; while here, under the influence of purgatives, this duration was, as has been said, in the grave cases, in those of middling gravity, and in the light cases, thirty-four, twenty and nineteen days.

have proscribed the use of purgatives at that stage of the disease in which we can admit the ulcerations of the small intestines, on account of the possible influence of its contractions on the formation of perforations, their principles should bow before experience, which shows that this accident is not more to be feared, that it is perhaps less to be dreaded in the evacuant than in the antiphlogistic treatment. In fact, in the thirty-two cases of typhoid fever, treated by me at La Pitié, by means of purgatives, I did not see one example of this lesion. In fifty other patients whom I treated in the same manner, and at all periods of the disease, at the Hôtel Dieu, last year, I met with only one case of perforation; and MM. Andral and Piédagnel are silent on this point.

It will, perhaps, be said, that an epidemic of typhoid fever supervening, could show the vanity of all that I have said favourable to the employment of purgatives. I would answer, that we do not here consider epidemics, but only the typhoid affection observed in a sporadic state; that we must admit that in analogous conditions, the treatment which succeeded at one period, in a pretty considerable mass of persons, would succeed again; without which there would be no possible therapeutics, and experience would be a vain word.

Now, in admitting as demonstrated the superiority of evacuants, in the treatment of typhoid fever, considered in a general manner, should we employ them in all cases indistinctly, whether they be grave or slight; whatever be the predominance of the symptoms, in the ataxic and adynamic forms? The answer to these questions appears easy to me. On one part, the degree of a disease does not change the nature of its treatment; it is only necessary to follow it with more or less energy. Again, if the mortality of the disease is less under the influence of evacuants than under that of the other methods of treatment, it can only be by modifying more advantageously the grave cases than these last means; perhaps, also, certain slight cases, which become pretty often fatal, as has been seen, by perforation of the small intestines, when the patients are treated by the means usually employed. So that in admitting the superiority of evacuants in the treatment of the typhoid affection, considered in the generality of cases, it is plain that these agents should be employed in severe as well as slight cases,—only with more or less energy.

As to the forms called ataxic and adynamic, the most severe of all, those in which the mortality is greater, which furnish the greatest number of these unfortunate cases, it is still very evident that the evacuant treatment is principally applicable to them, if, as we admit provisionally, this treatment is generally more successful than the others; and it is not presumed that the ataxic form, which is the most fearful, calls for any great modifications in this respect, provided that it is not ordinarily ac-

companied by appreciable lesions of the encephalon, and that diseases which, like pneumonia, for example, are frequently accompanied by cerebral symptoms, get well by the same treatment, whether these symptoms do or do not exist. We will see, however, in the following chapter, what modifications it would perhaps be well to join to the evacuant treatment, as it has been described, when the ataxic symptoms develop themselves.

These are strong arguments in favour of purgatives; and Dr. Louis, conscientious as he is, evidently leans strongly to that method of practice, although it was one which he has only lately adopted. But, it must be remarked, that these purgatives are mild, and very different from the drastics, which are almost always pernicious. The treatment is not, however, perfectly settled, for typhoid fever is essentially variable as to its mortality, and if the prevailing tendency of the disease is to the milder types, it will necessarily give a trifling average. As to purgatives in mild cases, our views are, that they should always be given at first for two or three days, and that they should be of the mildest kinds, as a few grains of blue mass, followed by oil or Seidlitz powder; if the disease then go on regularly, and offer no peculiar symptoms, we are disposed to let it take its own course, and we restrict ourselves to a careful regulation of the diet, which should be as mild as possible, and to the mild diuretics, such as neutral mixture, &c. Even the latter remedies, in some regular cases, appear perfectly unnecessary. If constipation should occur, a repetition of the laxative is always of benefit. The most troublesome symptoms during the course of these mild cases are the occasional increase of cerebral symptoms, as dizziness and cephalalgia; a cupping to the head, or even a mustard pediluvium, will often dissipate, or greatly relieve these symptoms. A blister to the nucha produces a very similar effect; and we have never seen any disadvantage result from this mode of using it, in which particular we differ from Dr. Louis, who forbids blisters in all cases. It is true, that the benefits of them, when applied to the legs, are by no means evident, and they will occasionally pass into gangrene. But we have never seen any marked injury result from these applications to the nucha; and if properly used—that is, at the stage of the disorder when the acute febrile symptoms have de-

clined,—they rarely fail to relieve the slight stupor and delirium.

In the treatment of the severe cases of the disorder, we do not consider the question as to the propriety of purgatives, as a settled one. We cannot agree with our author that the treatment of the disease should be necessarily the same in bad and in slight cases, and that it should be merely rendered more energetic in the former cases; this would completely unsettle our notions of therapeutics, and it is especially inapplicable in diseases such as typhoid fever, which have a natural duration. Now in those whose duration is not limited, the rule admits of numerous exceptions,—for instance, dysentery, in which the remedies appropriated to one stage or variety of the disorder are totally unlike those adapted to another. In typhoid fever the difficulty of adapting remedies to particular cases, is extremely great, and we are often in doubt as to the best mode of managing those of great severity. In order to understand this subject, we should examine into what constitutes the severe forms of the disease. The fever is severe chiefly because the cerebral symptoms, such as delirium, stupor, subsultus, &c., are highly developed, this state of things is generally accompanied with a tendency to sloughing, and the whole train of symptoms connected with decided alteration of the blood. The disease may also become severe from the increase in the symptoms of any particular organ, such as the lungs or the bowels, the patient may then labour under pneumonia or severe diarrhœa. In the latter case the indications for treatment are well established; but in the former there is much difficulty, especially if the disease be complicated with either excessive diarrhœa or the affections of the lungs, and we do not think it possible to lay down any uniform method of treatment.

We cannot positively condemn evacuants, but we believe they should be restricted to the mildest laxatives, such as oil, and there is often no apparent necessity for their administration. Our own practice is to treat such cases after they are fairly formed, by cups and leeches to the head, and diaphoretics, with revulsives to the lower extremities, of a kind that do not vesiculate—that is, weak mustard poultices, and hot applications; wine, or stimulants of any

kind, we do not prescribe, unless there should be a decided tendency to sinking. This treatment, it is evident, cannot be called active, nor do we conceive that this is necessary or beneficial in the treatment of the disorder. We refrain, however, from expressing a positive opinion as to the propriety of using purgatives in these cases, leaving that as a question to be decided only by future observers.

In both severe and mild cases of typhoid fever, alteratives are beneficial towards the decline of the disease,—that is, about the end of the second week if the disease be severe, or a little earlier if it be mild. The best indications for their use are the same as are admitted in most acute diseases,—that is, a coated tongue, especially if a little disposition to clean is observed. The use of this class of remedies in acute diseases is scarcely known in France, and we believe that they lose a most efficient therapeutic means. The alteratives which we prefer, are small doses of calomel or blue mass, with ipecacuanha, as one grain of the latter, and a quarter of a grain of the former, with half a grain or a grain of ipecac.; a little opium may be added if there is a tendency to much diarrhœa. A moderate discharge from the bowels,—that is, once or twice daily, is of service in all stages of the disease, and should on no account be interrupted.

The oil of turpentine is proposed as a remedy by Dr. Wood, of this city, especially when the tongue has begun to clear, but remains smooth and dry; in our practice, we have found the remedy uncertain—at times of great benefit, and at others of little advantage, or even increasing the dryness of the tongue.

Towards the close of the severe cases, tonics, such as the sulphate of quinine, and wine whey, are often necessary, but in the early part of the disease they are almost always of mischief. Opium is also often applicable in the typhoid, just as in typhus fever, when the patient remains very restless, and the more acute symptoms have passed off. It should not, in general, be given in more than half the usual dose.

After having examined the effect of different therapeutic agents in particular, Dr. Louis passes to some remarks on “the treatment in general.”

It is very clear, says our author, that the treatment by purgatives is not proven incon-

testably, and it cannot be recommended to the exclusion of blood-letting. If the latter mode of treatment should be preferred, it may be employed as follows:

The bleeding should be moderate, (ten or twelve ounces,) and once or twice repeated, according to the strength of the patients; a frequent repetition is worse than useless. After the first fifteen days in mild cases, or before that time in slight ones, the bleeding retards rather than hastens convalescence. The influence of blood-letting should be promoted by diluents, a moderate temperature, and mucilaginous enemata. The drinks should be slightly acid: the best acid is the carbonic. A weak solution of chloride of soda may often be used in place of the acidulous drinks. If the diarrhoea exhaust the patient, it should be checked by injections of laudanum. If the purgative treatment is preferred, the physician should give at first a little tartar emetic, largely diluted, to produce emesis, and afterwards give every day, or every second day, some Seidlitz water, or Pullua water, (Epsom salts would do as well,) or oil or calomel enough to produce four or five stools daily. If hypercatharsis ensue, injections of laudanum may be given.

The hygienic precautions of ventilation and avoiding pressure on certain portions of the body, should also be insisted upon. Towards the conclusion of the disease some tonics may be given, either mild or more powerful, according to the condition of the patient.

In severe cases, says Dr. Louis, blisters are merely a new disease added to the former, nor does it seem that points of irritation established by other means, such as sinapisms, can be useful. From this opinion we have already expressed our formal dissent.

As the delirium is not explained by the condition of the brain, and as the application of ice did not seem of any decided benefit, our author forbids it: we do not quite agree with him. Ice is sometimes of benefit; cold cloths, dipped in cool water, almost always are, if there be any appearance of congestion or heat of the head. A moderate bleeding is advised in these cases of delirium, or a continuance of purgatives, if they were previously employed.

Tympanites cannot be controlled with any great certainty of success. We would recommend, with the author, mucilaginous injections, adding, at times, a portion of assafœtida.

The spasms of muscles may be combated with opium, especially in the form of injection. We prefer camphor for the same purpose. In perforation of the intestine, very large doses of opium offer the only chance of recovery.

The retention of urine requires the usual surgical attentions. Inflammation of the throat may be relieved by mucilaginous gargles,—the purgative treatment must be suspended if symptoms of irritation of the stomach should supervene. The cough rarely requires any special remedies, except it be a sign of pneumonia, in which case Dr. Louis recommends bleeding at the early stages, and the contra-stimulant treatment in the latter, if the patient is not extremely exhausted. We should hesitate very much as to this matter. The cold infusion of bark is recommended in convalescence to prevent profuse cold sweats, and opiates for removing the sleeplessness occurring frequently at the same period.

The typhoid fever of young children does not require a very different treatment from that already directed; at least the modifications are slight, and depend mainly upon the age of the patients.

We have laid the greatest stress upon the additions made by Dr. Louis to the treatment of typhoid fever, not that the other matter is unimportant; but it is rather carrying out what he had already published, than adding what is positively new. It is evident to our readers that the subject which is most wanting in demonstrative proof is the treatment of the disorder; the same is, to some extent, true in most febrile affections having a self-limited duration. But we may consider the treatment as established in most respects; the disease is rather of an inflammatory character, which is at times badly marked; hence the treatment at the commencement should not be stimulating; it may become so late in the disorder, when the blood is decidedly altered. Remedies which favour the natural secretion, whether mild alteratives, diaphoretics, or laxatives, are useful, with nervous counter-irritants, if the brain be much affected.

The disease itself has now become a familiar one to American practitioners, for which they are in great part indebted to the reviews and to the translation by Dr. Bowditch of the former edition of Dr. Louis's work. This must remain a monument to the author; and we

may hope that the zeal and affection of Dr. Bowditch towards his teacher will induce him to complete the translation by adding the important new matter as a supplement to the former edition. It will then be a finished work.

In noticing so extended a work our task was necessarily limited by the space allotted to us. We have not selected the main body of the work, which is, beyond controversy, the most finished description of disease extant, but we have scanned most narrowly those portions which were less satisfactorily proven, and contained some assertions which we could not entirely admit; these, however, are but few in number, and are limited to those points which are of necessity thus far incompletely proven.

Pathological and Surgical Observations on the Diseases of the Joints. By Sir BENJAMIN C. BRODIE, Bart. F. R. S., Sergeant-Surgeon to the King, and Surgeon to St. George's Hospital. Fourth edition. London.

OUR notice of the late edition of the valuable work of Sir B. Brodie must be confined to the additional matter which it contains, and to the difference of opinion existing between himself and other writers of distinction, in regard to the proper classification of the diseases of which he treats. Since the publication of this work, M. Velpeau has made a special study of the same class of affections, and as the results of his observations are not yet, we believe, before the public, we shall give his views as briefly as possible, but still more in detail than would otherwise be required of us.

To Sir B. Brodie belongs the great merit of first presenting a methodical arrangement of the different diseases of the joints. These diseases had previously been confusedly grouped together under the vague term of *white swelling*; a term which in itself has no signification. Wiseman intended it to indicate any chronic swelling, without redness or alteration of colour in the skin, and not necessarily accompanied by pain. These swellings, nevertheless, frequently offered a species of fluctuation differing entirely from that which would be produced by the presence of a liquid in the cavity of the joint; they communicated to the touch a semi-elastic, doughy sensation, which gave origin to the term *fungus articuli*, as a synonyme of *white swelling*.

Both terms are faulty; the first from its in-

significancy, the second because it attaches undue importance to a single symptom, which, during the early stage of articular disease, is found only in one variety, and at a later period is common to all; in fact, no expression can be found sufficiently general to include so great a variety of dissimilar affections, unless we adopt the comprehensive name suggested by Velpeau—"arthropathy," or simply disease of the joint.

The classification of these affections given by Sir B. Brodie in the first edition of his work, he has seen no reason to change; subsequent experience has in his opinion only served to confirm its correctness; he therefore still regards the different varieties of white swelling as dependent upon either inflammation of the synovial membrane—a morbid change in the structure of this membrane—ulceration of the articular cartilages—or disease of the cancellous structure of the bones. We will first contrast this arrangement with the more philosophical classification of Velpeau, and then return to our author, to analyse each of his divisions in turn. Velpeau, leaving out of consideration acute arthritis, rheumatism, &c., which would properly be included in his general term *arthropathy*, confines himself to those *chronic* forms of articular disease generally recognised as white swellings—his division of these is founded upon a difference in the anatomical seat of the lesion—and upon a difference in the general cause producing this lesion.

The tissues entering into the composition of a joint are either hard or soft, and as disease may originate in either of these, we have a natural division of white swellings into two great classes. The first embraces all those which commence in the soft parts: the second those which commence in the bones or hard parts. These two classes may be distinguished from each other, from the very commencement, by the difference of their symptoms. Every articular disease which commences in the soft parts, exhibits itself primarily by swelling, while those which commence in the hard parts first betray themselves by pain; in the sequel, both pain and swelling may co-exist in either variety, but the precedence of one or the other is sufficient to determine to which class the affection belongs.

But the soft parts themselves admit of a di-

vision into a variety of tissues; these differ in their nature, and consequently impress upon their diseases a difference in symptoms, by which we are enabled to distinguish, to a great extent, the varieties of this class. M. Velpeau divides the soft parts into inter-articular and extra-articular, and taking the knee joint for type, traces out, as far as possible, the first symptom in each of these divisions. The results of his observations are briefly these: A disease originating in the inter-articular soft parts is to be distinguished, 1st, from that commencing in the hard parts by the absence of pain while the joint is at rest;—2d, from that commencing in the extra-articular soft parts by the existence of pain in motion of the articular surfaces upon each other. In the extra-articular soft parts, little if any pain exists in those motions, which are confined to the articular surfaces, or which interest but slightly the external envelopes.

In the hard parts the disease may originate at either surface of the cartilage, or in the substance of the bone; the character of the pain differs in these several varieties, but not sufficiently to render the differential diagnosis at all positive; the very existence of the pain serves, however, to distinguish them as a class.

By this classification of Velpeau, every variety of articular disease is studied in reference to its anatomical characters. We have only to connect with it a classification founded upon the nature of the causes producing these affections, and the study will be complete. Gerdy adopts the latter as the sole basis for a division of white swellings, which he refers to four distinct causes.

“1st, Scrofula. 2d, Rheumatism. 3d, Wounds. 4th, Eruptive fevers. That produced by scrofula, attacks first the bones; that produced by rheumatism and injuries, attacks first the surrounding soft parts; and this is occasionally true of that form subsequent to eruptive fevers, which is however of rare occurrence. This disease is common in youth, and rare after the age of forty years; in the rheumatic variety, and in that following wounds, the disease is acute; in the scrofulous variety the contrary is the case.”

* Vide N. Y. Journ. Med. and Surg., January 1841—p. 219.

The general causes productive of, or predisposing to white swelling, are not, however, so limited as would appear from the paper of Prof. Gerdy. Thus gout is occasionally, although rarely, the point of departure of this disease. A woman was admitted into the hospital of “la Charité,” in 1836, for a white swelling of the knee; the tumour was as large as an adult head, and was due in part to an effusion of liquid; in part to a thickening and degeneration of the tissues. She was gouty, and concretions could be felt in the knee, as well as in the ankle joint of the same limb. Brodie observes, in reference to this cause,

“There is a remarkable, yet not uncommon form of the disease, which may be considered as bearing a relation to both gout and rheumatism, but differing from them, nevertheless, in some essential circumstances. The synovial membrane becomes thickened, so as to occasion considerable enlargement of the joints, and stiffness, there being at the same time but little disposition to the effusion of fluid. In the first instance, the disease is often confined to the fingers; afterwards it extends to the knees and wrists; perhaps to nearly all the joints of the body. Throughout its whole course, the patient complains of but little pain; but he suffers, nevertheless, great inconvenience, in consequence of the gradually increasing rigidity of the joints, and the number which are affected in succession. The progress of the disease is usually very slow, and many years may elapse before it reaches what may be regarded as its most advanced stage. Sometimes, after having reached a certain point, it remains stationary, or even some degree of amendment may take place: I do not, however, remember any case in which it could be said that an actual cure had been effected. The individuals who suffer in the way which has been described, are, for the most part, those belonging to the higher classes of society, taking but little exercise, and leading luxurious lives; but there are exceptions to this rule; and the disease occasionally occurs in hospital practice—in men, and even in females of active and temperate habits.”

Cancer, scurvy, and all affections capable of rendering the bones more fragile, may also be considered as occasional predisposing causes, by rendering the articular surfaces of the bones more liable to permanent injury from the effects of external violence.

Effusion into the cavity of a joint occurring after parturition, during the existence of a leucorrhœa, or from other causes, may leave a point of irritation capable of degenerating into a true white swelling. The mode of produc-

tion in these cases is easily comprehended. But the observations furnished by Sir B. Brodie of the co-existence of white swelling with a gonorrheal inflammation of the urethra and conjunctiva, and, their simultaneous disappearance and reproduction, are not so readily explained—the cases are too numerous to permit us to regard them as mere coincidences, and are too well known to require further allusion to them.

The classification of Sir B. Brodie is certainly imperfect, and in some points incorrect, if we may be governed by weight of evidence; this is particularly the case in reference to his statement of the frequency of ulceration of the articular cartilages, an alteration, the possibility of which is denied by the majority of distinguished anatomists of the present day. We shall recur to this subject more at length in its proper place.

To the first division of our author, which embraces those swellings dependent upon inflammation of the synovial membrane, we find appended in the edition before us the description of a peculiar form of articular disease which is too important to pass over unnoticed.

"There is a peculiar morbid state of the system which in some instances follow severe accidents or operations, and which is well known to surgeons who are engaged in the practice of the London Hospitals, in which the patients are liable to deposits of pus in various parts of the body at a distance from the seat of the original injury. These deposits not unfrequently take place in the cavities of the joints, as a consequence of inflammation of the synovial membrane, and independently of ulceration. Several examples of the kind have fallen under my own observation, but it will be sufficient for me to refer to those who have been recorded by the late Mr. Rose, and by Mr. Arnott in the 15th vol. of the Med. Chir. Transactions.

In one of the cases related by Mr. Arnott, it is stated that the cavity of the knee joint was filled with 'tolerably thick pus, of an uniformly reddish-colour, as if from an admixture of blood.'

(To be continued.)

THE MEDICAL EXAMINER.

PHILADELPHIA, MARCH 6, 1841.

PROFESSIONAL EMOLUMENTS.

WE remember to have heard the opinion advanced by a veteran confrère, that a greater amount was expended upon the education of

physicians, than in the aggregate they received from the public. Startling as this assertion may seem, it is nearer the truth than is generally supposed. It is a fact, seriously to be pondered on, that professional compensation is very disproportionate to the physical and intellectual labour expended in earning it. The road to wealth is not often smoothed by the doctor's gig. While, in this country, almost every other avocation, pursued steadily and with industry, holds out a fair prospect of accumulation, the physician in general toils on, fortunate if he can secure an income adequate to support his position in society, dependent on and expiring with his own exertions. He is indeed rewarded with a desirable position in society, and the self-approbation which accompanies the honourable discharge of the duties of a noble calling. But he has a right to look to more—to the attainment of those objects which most men prize, ease and comfort for the decline of life, and competence for the families which they rear. Why are these objects generally beyond the reach of physicians? Why, in our favoured country, do they, almost alone, among the intelligent industrious, fail to secure that summum bonum, wealth, in this thriving age the great object of human effort? We think the cause lies very much with themselves. In this, our own city, the American metropolis of medicine, we are satisfied that the profession can by proper concert of action, greatly advance the general standing and individual prosperity of its members.

Might we venture to offer suggestions to those who occupy the foremost ranks, we would say—concentrate your business, and exact (what will be cheerfully conceded) higher rates of compensation. Thus, with greater comfort to yourselves, with less expenditure of vital energy, of which many of you are recklessly lavish, your patients will receive more attention, your own incomes be improved, and your juniors be spared the long years of hope deferred. We could point to more than one, eminent among us, whose desire to enlarge their business is not measured by their ability to attend to it with justice, if not to their patients, certainly to themselves; to more than one who, from a mistaken liberality to patients, commit great unfairness to their brethren. It is this very carelessness of compensation, too, that often swells the business of a po-

pular practitioner to the inordinate amount which places him in the position of the dog in the fable. We repeat, that such would increase their own comfort, their own and the general prosperity by working less at higher rates. Most of the profession here will feel the justice of these remarks.

It is indisputably the duty of *every* practitioner strictly to adhere, not so much to a fixed tariff of fees, as to a scale of compensation due to the dignity of his profession, and a proper estimate of his own usefulness. In cases appropriate for charity, let him remit according to his discretion; but let him in no instance undervalue, even nominally, services of the highest grade which man can render to man. Doubtless, the same remuneration cannot be asked from the poor as from the opulent, but every physician owes to his profession, if not to himself, to maintain a proper standard of remuneration, which he can always at least assert.

The gratuitous services rendered to public charities form a proper topic of remark, while discussing the general subject. This point is, however, of such peculiar delicacy, that we prefer deferring it for special notice. We advert to the whole matter, it is perhaps hardly necessary to add, from a sense of editorial duty, choosing, even at the risk of being misunderstood, to uphold what we think the interests and dignity of the profession. These objects, as well as the advancement of medical science, come within the scope of a journal. We invite the attention of correspondents to the subject.

DOMESTIC.

Louisville Medical Institute.—This institution appears to be advancing rapidly in its career of prosperity. Two hundred and five matriculants are announced in the catalogue just issued.

Professor Drake's Introductory Lecture.—A very interesting discourse addressed to the class at Louisville, on the importance of clinical medicine and pathology. From it we learn incidentally that, in addition to the facilities previously afforded by the Louisville Institute, an amphitheatre has been erected, devoted to the

study of clinical medicine, pathological anatomy, and operative surgery.

Annual Report of the Board of Trustees of the Massachusetts General Hospital for the year 1840.—We have received from Dr. Bell a copy of the above report. It appears that the number of patients admitted into the hospital proper during the year 1840, was 362, of whom 168 were free patients. The weekly expenditure for each patient was \$4 32; this is extremely high, but of course it must be justified by the large proportion of paying patients, many of them in private rooms.

The report of the insane asylum is the twenty-third in number. The number admitted in the year, or remaining at the beginning of it, was 263. During the same period the discharged as recovered were 75, much improved 12, improved 20, not improved 18, dead 13, remaining 125.

The per centage of recoveries for six years is as follows:

Year.	Per cent. of recoveries.	Per cent. of deaths of discharged.	Per cent. of deaths of all under care.
1835	53.5	13.	6.1
1836	57.1	8.9	5.5
1837	68.6	7.6	4.2
1838	56.4	9.1	5.4
1839	59.	8.5	4.4
1840	54.3	9.4	5.

From these statistics it appears, that during the four years of the direction of its present superintendent, the proportion of recoveries of all cases, old and recent, without allowance for those proving "unfit," or not proper subjects, or those who have died under care, or those who have been prematurely removed before the event was known, has been about sixty in the hundred, and the proportion of deaths between four and five in the hundred.

The remarks of Dr. Bell relative to the statistics of the insane, we fully accord with. We cannot admit the accuracy of many reports on this matter. Not that any attempt is made by the authors of them to deceive the public; but they certainly receive rather hastily the evidence of recovery, and are evidently actuated by a strong desire to make the proportion of successful cases appear as great as possible. Whenever this desire is apparent in a report, an additional amount of testimony must be brought forward to remove the impression that a too favourable view is taken by the author.

Besides, in most of the highly favourable reports, we have not enough of the modifying circumstances, such as the paroxysmal character of many cases, the fact that a large proportion of cases get well only to a certain point, a fact very properly insisted upon by some French writers, &c., all matters important to a correct view of the subject.

The remarks of Dr. Bell are as follows:

"During the last years, I have not attempted to draw the line of demarcation between *recent* and *old* cases, as experience has satisfied me that any attempt to decide upon the duration of time before admission, that the patient has been afflicted, is exceedingly fallacious, giving a mere approximation to the fact. It is liable to the same objection which obtains in essaying to specify the causes of disease, that of giving an apparently mathematical and certain aspect to facts, so involved in doubt, so complicated and vacillating, that they really have nothing like fixedness or certainty.

"The records of this Asylum justify the declaration that *all cases certainly recent*, that is, whose origin does not either directly or obscurely run back more than a year, recover under a fair trial. This is the general law; the occasional instances to the contrary are the exception.

"During some years, as in 1838 for illustration, we have had so entirely the co-operation of friends in a due perseverance that we should have been able to report the recovery of 100 per cent. of cases presumed to be recent. Again, in another year, the premature withdrawal of half a dozen cases before we regarded them as recovered, although their friends might so consider them, would present an entire different view of the curability of insanity in two different years, as far as figures express the fact, although the actual results might be identical. So the general expression of the fact that sixty per cent. of all cases have recovered during the last four years, is of no importance as a means of drawing any conclusions, except as to the different periods of the same institution. In this commonwealth, where the value of hospitals for the insane has been established for over twenty years, and the community is so generally advised of the infinite importance of early subjection to treatment, the results of institutions must be far more favourable than in communities where all this acquaintance and public confidence has yet to be acquired. This is strongly illustrated in contrasting the first and last five years of this Asylum, showing a difference of over a hundred per cent., which is undoubtedly ascribable mostly to this fact of more recent admissions, and some changes in the regulations in regard to hasty removals.

"There is, I am satisfied, no institution in the world, which upon the whole receives its cases

with less delay after disease has proved intractable at home, than this. Its *private* character, however, subjects it necessarily to some drawbacks upon its ratio of recoveries. Patients are only retained so long as friends elect;—there is no statutory provision compelling the institution to receive, or preventing the removal of any patient at any time. Hence infirmity of purpose, want of persevering faith, or still more frequently want of pecuniary means, often occasion difference of results in our annual summing up, by the removal of recoverable cases, to an extent which proves the absurdity of the statistics, except as a means of comparison at different epochs of the same establishment.

"Again, in the mortality and restorative results of various institutions, how great a difference should be looked for from difference of regulations as to admissions—in an institution, for example, receiving only cases of violent excitement and high action, and in one where no restriction as to the patient's condition exists, where the exhausted, the aged, the epileptic and the hopeless are brought merely to relieve friends, or in the desperate hope that some new appliances may renovate the exhausted system.

"I have been induced to suggest these hints upon the fallaciousness of the ordinary statistics published, when regarded irrespective of the varying and modifying circumstances, which, in this country at least, prevent any just comparison from being made in the mere abstract result of figures, not from any apprehension that our Asylum may not appear as well on paper as any other, for the influence of its happy position in a community where the insane, who belong to the classes from which its inmates are derived, as a general rule, are received speedily after a decided outbreak of excitement, always has afforded a larger proportion of curable subjects than I have noticed in any other. But during the past year the attempt has been made (with the best intentions I doubt not) to aggregate the mere figured statistics of the various American hospitals for the insane, and deduce conclusions from them, without reference to their difference of position or of regulations as to receiving, rejecting, or dismissing patients. In such statistics injury must be done to some whose apparent results may not be so honorable as the real, of which only those who are informed of all the particulars of difference, a small portion of the public of course, can discriminate and arrive at an accurate judgment. A single illustration will perhaps place the absurdity of the common expressed statistics of insane hospitals in a stronger light. A new institution in a state where the patients are committed by the order of a judge of some court, is capable of receiving a hundred patients. During its first or second year, or until its accommodations are filled, it might be that its only patients discharged would be the re-

covered, if its managers or directors should so decide, for in the supposed case the friends have no voice in the decision. Of course its recoveries of all cases, old and recent, would be 100 per cent. And subsequently its percentages would depend exactly upon the number of harmless or incurable or inconvenient subjects which its directors should judge it expedient to dismiss!

"A few years since it became necessary, in order to accommodate the urgent claims of recent cases, for the Trustees to cast their view over the entire class of old cases, many of whom had been in this Asylum from its opening, to ascertain how many and which could be dismissed with least injury to themselves or to the comfort of their friends. So many were dismissed under this resolution "not improved," as to make in that year fifteen or twenty per cent. difference in the apparent results!

"As far as this Asylum is concerned in the apparent bearings of statistical returns, the favourable circumstances in which it stands as before alluded to, prevent any danger of its suffering from comparison of figures;—for in the view of these it is believed that no published returns present more decided favourable results, but feeling unwilling to reap honours not fully deserved, it has been felt due to the sanctity of scientific truth and to justice as regards the new institutions spring up every where around, that the community should be set right on this subject."

The report afterwards alludes to the two classes of establishments for the insane; public hospitals, as is universally the case, or nearly so, in this country, and private asylums, as is the custom in England and many parts of the continent, for all who can pay for them. Dr. Bell decidedly prefers the public institutions; that is, paying institutions, for those who can be supported at the expense of their friends; and for the poor, institutions supported at the public expense. In the main we agree with him, but there is certainly a want of private houses for the insane of a peculiar kind—those of high nervous excitability, a lively imagination, and cultivated taste, with a very limited, though often most distressing mental aberration. Thus individuals often suffer from the circumstances attending public institutions; their number, however, is not great, and a very few private establishments would suffice.

Deaths in Boston for the week ending Feb. 20—26. Males 16. Females 10. Causes—consumption 5, intemperance 2, lung fever 4, &c.

HEALTH OF THE CITY.

INTERMENTS in the City and Liberties of Philadelphia, from the 20th to the 27th of February, 1841.

Diseases.	Adults.	Children.	Diseases.	Adults.
Abortion,	1	0	Brought forward,	36 46
Abscess of lungs,	0	1	Inflammation of	
Apoplexy,	2	1	the larynx,	1 0
Croup,	0	2	— peritonæum,	2 0
Congestion,	0	1	— spine,	0 1
— of brain,	1	0	Marasmus,	0 3
Consumption of			Old age,	1 0
the lungs,	18	1	Scrofula,	0 1
Convulsions,	0	6	Small pox,	1 2
Constipation,	1	0	Still-born,	0 8
Cyanosis,	0	1	Unknown,	1 2
Dropsy,	2	0		
— abdominal,	2	1	Total,	105—42 63
— head,	0	6		
— breast,	1	0	Of the above, there	
Dis'se of the brain,	0	1	were under 1 year	36
Dysentery,	1	0	From 1 to 2	12
Debility,	0	4	2 to 5	6
Erysipelas,	0	1	5 to 10	4
Fever, scarlet,	0	2	10 to 15	4
— remittent,	1	0	15 to 20	3
— typhus,	0	1	20 to 30	8
— typhoid,	1	0	30 to 40	9
Inflammation of			40 to 50	13
the brain,	0	4	50 to 60	1
— bronchi,	0	4	60 to 70	3
— lungs,	1	5	70 to 80	3
— stomach and			80 to 90	3
bowels,	0	1	90 to 100	1
— bowels,	0	3		
			Total,	106
			Carried forward,	36 46

In the above are included 15 people of colour, 9 interments from the alms-house, and 1 from the country.

Weekly Report of Interments in the City and County of New York, from the 20th to the 27th of Feb., 1841.—Diseases: Aneurism, 1; asphyxia, 1; burned or scalded, 2; consumption, 32; convulsions, 14; croup or hives, 3; diarrhoea, 3; dropsy, 1; dropsy in the head, 3; dropsy in the chest, 3; dysentery, 1; erysipelas, 1; epilepsy, 1; fever, 4; do. scarlet, 6; do. typhoid, 3; do. puerperal, 2; do. remittent, 4; inflammation, 1; do. of brain, 8; do. of chest, 8; do. of lungs, 15; do. of bowels, 6; do. of stomach, 1; marasmus, 4; measles, 6; old age, 2; organic disease of heart, 1; scirrhus, 1; small pox, 7; teething, 1; unknown, 3; varioloid, 1; worms, 3.

Ages—Of 1 year and under, 30; between 1 and 2, 21; 2 and 5, 22; 5 and 10, 9; 10 and 20, 3; 20 and 30, 17; 30 and 40, 21; 40 and 50, 13; 50 and 60, 7; 60 and 70, 3; 70 and 80, 3; 80 and 90, 2.

38 men—26 women—50 boys—37 girls
Total, 151.

FOREIGN.

Observations on the Diagnosis and Pathology of Fractures of the Neck of the Femur. By ROBERT WILLIAM SMITH, A. M., M. R. I. A.—

[This is a very valuable memoir, well deserving attentive perusal. We regret that we can only find room for the tabular view of the cases (each of which is detailed in the paper and illustrated by a wood-cut,) and the conclusion deduced therefrom by the author.]

INTRACAPSULAR FRACTURES OF THE NECK OF THE FEMUR.

No.	Name.	Age.	Shortening.	Position of the Foot.	Period of Survival after the Receipt of the Injury.
1	Laurence Maguire - - -	40	$\frac{1}{2}$ inch.	Eversion.	14 days.
2	William Collins - - -	36	$\frac{3}{4}$ "	"	17 "
3	Thomas Maguire - - -	84	$\frac{1}{2}$ "	"	14 "
4	Dorah Campbell - - -	75	1 "	"	2 months.
5	Mary Gill - - -	80	$\frac{1}{2}$ "	"	Not known.
6	Esther Christie - - -	60	$1\frac{1}{2}$ "	"	"
7	Mary Lamb - - -	80	$\frac{3}{4}$ "	"	1 year.
8	Margaret Bourke - - -	90	$\frac{1}{2}$ "	"	14 days.
9	Margaret Myler - - -	78	$\frac{1}{4}$ "	"	2 months.
10	A Female - - -	65	1 "	"	Not known.
11	Patrick Doolan - - -	60	2 "	"	7 years.
12	Michael Curry - - -	40	$1\frac{1}{4}$ "	"	1 month.
13	Matthew Reilly - - -	46	$\frac{1}{2}$ "	"	4 months.
14	A Female - - -	55	1 "	"	Not known.
15	Sarah Ashton - - -	65	$1\frac{1}{4}$ "	"	9 years.
16	Elizabeth Casey - - -	50	$\frac{3}{4}$ "	Inversion.	Several years.
17	Robert Robinson - - -	50	2 "	Eversion.	Not known.
18	Ellen Walker - - -	70	$\frac{1}{2}$ "	"	7 days.
19	Laurence Reilly - - -	56	2 "	"	Several years.
20	Joseph Seaton - - -	90	$1\frac{1}{4}$ "	"	7 years.
21	A Female - - -	65	$2\frac{1}{2}$ "	"	Several years.
22	Thomas Connolly - - -	50	$\frac{3}{4}$ "	"	10 days.
23	Bridget Missett - - -	72	1 "	"	10 weeks.

EXTRACAPSULAR FRACTURE OF THE NECK OF THE FEMUR.

24	Patrick Murphy - - -	80	2 inch.	Inversion.	14 days.
25	Alicia Harris - - -	70	$1\frac{1}{2}$ "	Eversion.	5 "
26	James Stanford - - -	67	2 "	"	8 "
27	A. B., a man - - -	50	2 "	"	14 "
28	Mary Kelly - - -	56	$1\frac{1}{4}$ "	"	11 "
29	Ellen Bryan - - -	65	$1\frac{1}{2}$ "	"	5 weeks.
30	Patrick Grant - - -	70	$1\frac{1}{2}$ "	"	5 days.
31	Margaret Connolly - - -	89	$1\frac{1}{2}$ "	"	12 "
32	Thomas Murphy - - -	41	Not known.	"	A few weeks.

IMPACTED FRACTURES OF THE NECK OF THE FEMUR, EXTERNAL TO THE CAPSULE.

33	John Summers - - -	74	$1\frac{1}{2}$ inch.	Eversion.	2 months.
34	Mary McKenna - - -	52	$\frac{3}{4}$ "	"	4 days.
35	Catharine Egan - - -	60	$1\frac{1}{4}$ "	Inversion.	1 month.
36	Sarah Denny - - -	70	1 "	Eversion.	1 "
37	Alicia Sherlock - - -	64	$\frac{1}{2}$ "	"	15 weeks.
38	James Power - - -	54	$1\frac{1}{2}$ "	"	5 months.
39	A. B., a female - - -	80	Not known.	"	Not known.
40	Not known - - -	00	Not known.	"	Not known.
41	Bryan Dunn - - -	60	$\frac{1}{4}$ inch.	"	13 days.

IMPACTED FRACTURE OF THE NECK OF THE FEMUR, INTERNAL TO THE CAPSULE.

42	Owen Curran - - -	70	$\frac{1}{2}$ inch.	Eversion.	1 year and 10 mo.
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From what has been stated in the preceding pages, and from the evidence afforded by the *post-mortem* examination of fifty specimens of fractures of the neck of the femur, forty-two of which have been detailed, I think I am justified in deducing the following conclusions:

1. A slight degree of shortening, removable by the extension of the limb, indicates a frac-

ture within the capsular ligament. 2. The degree of shortening, where the fracture is within the capsular ligament, varies from a quarter of an inch to one inch, or one inch and a half. 3. The degree of shortening, when the fracture is within the capsule, varies chiefly according to the extent of laceration of the fibro-synovial folds which invest the neck of the femur. 4. In some cases of intracapsular fracture the injury is not immediately followed by shortening of the limb. 5. This absence of shortening is generally owing to the integrity of the fibro-synovial folds. 6. In such cases the retraction of the limb may occur suddenly, many weeks after the receipt of the injury. 7. This sudden retraction of the limb, which indicates a fracture within the capsule, is, in general, to be ascribed to the accidental laceration of the fibro-synovial folds. 8. The degree of shortening, when the fracture is external to the capsule and not impacted, varies from one inch or one inch and a half, to two inches or two inches and a half. 9. When a great degree of shortening occurs immediately after the receipt of the injury, we usually find a comminuted fracture external to the capsule. 10. The extracapsular fracture is generally accompanied by fracture with displacement of one or both trochanters. 11. The extracapsular impacted fracture is generally accompanied by fracture without displacement of one or both trochanters. 12. In such cases the fracture of the processes unites more readily than that of the cervix. 13. The degree of shortening, when the fracture is impacted, varies from a quarter of an inch to one inch and a half. 14. The exuberant growths of bone met with in these cases have been by many erroneously considered to be merely for the purpose of supporting the acetabulum and the neck of the femur. 15. The difficulty of ascertaining crepitus, and of restoring the limb to its natural length, are the chief diagnostic signs of the impacted fracture. 16. The position of the foot is as much influenced by the obliquity of the fracture and the relative position of the fragments, as by the action of the muscles. 17. Inversion of the foot may occur in the intracapsular, extracapsular, or impacted fracture of the neck of the femur. 18. When in the intracapsular fracture the lower fragment is placed in front of the upper, the foot is usually inverted. 19. When in the extracapsular fracture with impaction, the superior is driven into the inferior fragment, so as to leave the greater portion of the latter in front of the former, the foot is generally inverted. 20. In cases of comminuted extracapsular fracture without impaction, but with separation and displacement of the trochanters, the foot may be turned either inwards or outwards, and will generally remain in whatsoever position it has been accidentally placed. 21. The consolidation by bone of the intracapsular fracture is most likely to occur, when the fracture is also impacted. 22. Severe contu-

sion of the hip-joint, causing paralysis of the muscles which surround the articulation, is liable to be confounded with fracture of the neck of the femur. 23. The presence of chronic rheumatic arthritis may not only lead us to suppose that a fracture exists when the bone is entire, but also when there is no doubt as to the existence of fracture, may render diagnosis difficult as to the seat of the injury with respect to the capsule. 24. Severe contusion of the hip-joint, previously the seat of chronic rheumatic arthritis, and the impacted fracture of the neck of the femur, are the two cases most liable to be confounded with each other. 25. Each particular symptom of fracture of the neck of the femur, separately considered, must be looked upon as equivocal: the union of all can alone lead to correct diagnosis.—*Dublin Journal of Medical Science.*

Angina Pectoris, terminating fatally by Rupture of the right Coronary Artery. By Dr. A. GALLARDI.—A shoemaker, aged about 40, was received into the Milan Hospital, May 21, 1834. He was of good constitution, well formed, of rather nervous temperament, and somewhat addicted to strong drinks. He said that for some months past he had at times, while at work, felt some difficulty of breathing, with a loss of power in the left arm, and subsequent slight lipothymia. Twice in the last month, on going out of his cottage into the open air, he had felt severe pain in the heart, extending to the left scapula and arm, and accompanied by a momentary reeling and slight obscuring of the senses. These symptoms had occurred with unusual severity two days before his admission, after drinking some spirits, and were followed by a death-like syncope; from which, however, he was quickly and completely restored by a large bleeding.

On the day of his admission the patient was found suffering from severe dyspnœa, of a character which led the author at once to suspect a disease of the heart, although it was combined with a number of anomalous symptoms that could only be referred to hypochondriasis. On percussion, both sides of the chest had a natural resonance; but in the median line and the adjacent part of the left side, there was dulness over even a greater extent than in most cases of hypertrophy with hydropericardium. The movements of the heart were scarcely perceptible to the hand placed on the cardiac region, but posteriorly they were even more sensible than natural. The pulse was in no degree intermitting, but small, sometimes very frequent, at others quick, and very hard. The patient was bled to twelve ounces and had other antiphlogistic remedies, and on the following day was much better. On the 23d, however, all his symptoms were worse than ever; he had excessive dyspnœa, severe pain in the heart, constant dry cough, and frequent faintings. The heart could be only very ob-

scurely felt in front, but close by the vertebral column its action was more than ever distinct; the pulse was still very small and hard, and the left hand and forearm were œdematous. The patient was repeatedly bled and subjected to severe antiphlogistic treatment, but all his symptoms continued or grew worse; the œdema spread gradually over the whole body, and on the 31st he died suddenly in a fit of syncope.

The body was examined thirty hours after death. The contents of the skull presented nothing unusual. The pleural cavities contained a large quantity of serous fluid; the lungs were both œdematous, and their lower lobes were much compressed both by the fluid and the immensely dilated pericardium. This sac was evidently distended by some dense consistent fluid containing small grumous masses, and pressing the heart unnaturally far backwards. On cutting it open along its anterior wall, a large quantity of grumous blood and serum flowed from the pericardium; and "at the aperture thus made there soon appeared a body whose surface was of a whitish colour, beset with innumerable uniform oblong appendices, which might remind one of the surface of the villous heart, as described by pathological anatomists. This pseudo-organism, which was of a conical form, was fixed on the heart, and adhered by its base to the base of the ventricle and the right auricle: it was as large as the heart itself. On washing the parts, it was found that the base of this tumour adhered to the parts just mentioned by false membranes, and that it had obtained by them an adhesion to the right coronary artery, in which there was a laceration about two lines in length with elevated edges;" through which the blood had been poured into the pericardium, and, becoming organized, had been developed into this remarkable tumour. At the left side the adhesions by which the tumour had before been attached to the heart had been broken down, and thus the exit of the additional quantity of blood which had been found in the pericardium had been permitted. The heart itself, and its valves, were perfectly healthy, but the aorta and its great branches presented signs of arteriasis, and there was a cartilaginous and osseous elevation close by the origins of the coronary arteries: the pulmonary artery and its branches were similarly diseased. The contents of the abdomen were generally healthy.

To this case, which we believe is unique, the author has added very lengthened observations, of which, however, those only are sufficiently important which refer to the probability that the rupture of the coronary artery and the first effusion of blood took place when the patient was seized with the very severe symptoms two days before his admission, and that the second and fatal effusion occurred at the instant of the fainting fit, in which the pa-

tient's life was terminated. It is to be regretted that the general condition of the coronary vessels is not mentioned.—*British and For. Med. Rev., from Annali Universali di Medicina.*

On Tubercles of the Larynx and Fauces. By DR. POPKEN, of Jever.—The disease to which I have given this name, at the risk of its being objected that it does not consist of true tubercles, but only of diseased mucous follicles, has often presented itself to me since my attention was first drawn to it, and exhibits so much that is peculiar in its phenomena and course that I cannot refer it precisely to any of the generally known chronic diseases of the larynx. I have never seen it before puberty, nor in advanced age, but always in young subjects, and chiefly in males; neither could I ever trace any connexion between this and any constitutional chronic diseases, as syphilis or scrofula. I have so rarely found it coincident with other local affections, and especially with those of the lungs, that, in a doubtful diagnosis, I rather regard this disease in the throat as a sign that there is *not* a vomica in the lungs.

In general the patient, in whom this peculiar alteration of the mucous membrane lining the fauces and larynx exists, begins, without any evident cause, to cough and hawk very frequently: but he complains of no pain in the affected part, and is usually in perfectly good general health, so that the whole disorder appears like an obstinate cold, and is annoying only from the incessant irritation that excites the hawking. The disease may thus continue apparently without alteration for weeks or months, till at last (and usually in the morning after drinking) the ejection of one or more small masses of an elastic matter, just like chalcedony in colour and semitransparency, attracts the patient's attention, and, though followed by temporary relief, makes him anxious.

If the fauces be examined at this period of the disease, one finds the whole of their posterior wall thickly beset with small, round, bright red, semitransparent bodies, varying in size from that of a pin's head to that of a pea, and just like the granulations which Laennec and Louis describe as the commencement of tubercles. On some of these granulations one sees adhering firmly to them the opaline mucous globules already mentioned, and just similar in size and form to the bodies beneath them. This granulated condition of the mucous membrane, which, as far as I know, has not been before remarked by any one, extends down as far as the eye can reach, and is always a certain sign of the existence of similar tubercles in the mucous membrane of the larynx, and of threatening laryngeal phthisis; for, although the latter disease does not necessarily, and still less rapidly follow, yet instances of its occurrence, as a signal of the

milder affection just described, are not wanting.

This fatal result of the disease, however, may, the author asserts, be always averted by early and judicious treatment. The means which he has employed with the best success are a nutritious, but not stimulating diet, constant warmth round the throat, and the administration of aromatic and tonic medicines, such as ammoniacum and myrrh, or myrrh, extract of bark, and sulphate of iron.

[The disease described by the author must be familiar to every practitioner, but we are not aware that the anatomical condition on which it depends has been before pointed out, though it is distantly alluded to by Henle (Ueber Schleim-und-Eiterbildung, in Hufeland's Journal,) who found the expectorated substance to consist of morbidly altered epithelium cells. The name which the author has given it is most objectionable, expressing only what the disease is *not*; it is an affection of the mucous membrane, exactly analogous to acne of the skin, and its name should express, if possible, that it has its origin in disease of the mucous-glands.]—*Ibid.*, from Casper's *Wochenschrift*.

This is nothing but the common pharyngitis, which has of late years been so prevalent in this country. The follicles are inflamed and prominent, but not independently of the intervening mucous membrane. The larynx may be affected from the extension of the disease from the pharynx, but the large majority of cases do not end in laryngeal phthisis. Occasionally, however, this result takes place. The term tubercle is a ridiculous one—the treatment is a correct one.

Dropsy after Scarlatina, unaccompanied with Albuminous Urine. By Dr. PHILIPP, of Berlin.—During the spring of the year 1840, scarlet fever was very prevalent in Berlin, especially in the northern and eastern parts of the city. A hundred cases of the disease came under Dr. Philipp's notice, who found that it resembled the late London epidemic, in being invariably followed by dropsy. Some cases of the fever, indeed, terminated fatally from head affection; in other, and more numerous instances, the patients died from putrid sore throat; but whenever that was not the case, dropsical symptoms, more or less severe, occurred from the twelfth day up to the fourth or fifth week after desquamation had commenced. In some children, too, dropsy came on without being preceded by any symptoms whatever of illness.

There were two points in which the Berlin epidemic differed from that which prevailed in London; one was, that, instead of being a fatal disease, not one child died; the other,

that, although the author tested the urine in sixty cases, he never detected the presence of albumen by heat alone, and it was only in a few cases that nitric acid gave signs of its presence.

He states, as in some measure accounting for this, that albuminous urine in dropsy is very rare in Berlin; for, during two years in which he has been physician to the poor in one district of the city, although he has had 150 new cases in a month, he has met with but two instances of Bright's kidney.—*Ibid.*, from Casper's *Wochenschrift*.

Case of immense Cæcal Fistula in the Lumbar Region. By Dr. MEDING, of Meissen.—A strong man, aged thirty-six, suffered for some days from griping sensations in the abdomen; on the sixth day I found him with the most complete symptoms of a severe psoitis of the right side, which I believed was the result of either rheumatism from cold, or of a sprain from over-exertion. General and local abstractions of blood, several times repeated, mitigated the pain, but produced no essential change in the state of the patient; a constant restlessness prevented him from sleeping; his pulse was accelerated, but full; his breathing anxious; his tongue moist and furred; he was thirsty and had lost his appetite; his skin was alternately cold and hot; his bowels very loose; his urine depositing an abundant red sediment.

The severe pains in the back from the right lumbar region to the shoulder, and forwards to the testis and the thigh, as well as the great tenderness strictly limited to the right iliac and inguinal region, suggested an affection of the cæcum. But although as the disease went on, there was every reason to believe that effusion or suppuration must have taken place, yet no part could be found at which the matter might be evacuated. Only on the back, the common belly of the sacro-lumbalis and longissimus dorsi appeared somewhat prominent, though without any alteration in the colour or elasticity of the skin. At this part, however, the author determined to make an exploratory incision, and on the 24th day of the disease he cut along the outer edge of the common belly of the muscles just mentioned for four inches upwards from the crista ilii, through the skin and a thick layer of fat down to the external oblique. All these tissues were perfectly healthy; but on introducing a lancet an inch deep into the fibres of the abdominal muscles, a little pure pus gushed out with the blood, and was soon followed by a stream of blackish-gray ichor of a most fetid macerated bone-like smell. For several days the discharge continued to be very profuse, and the patient became extremely weak. Every day there came away with the acrid irritating ichor masses of cellular tissue, partly from the interstices of the outer muscles of the back, and partly from the fat and

cellular substance surrounding the kidney and psoas muscle. The finger could now be easily passed over the transverse processes to the anterior surface of the bodies of the lumbar vertebrae, and the psoas and iliacus muscles could be distinctly felt quite cleared of cellular tissue. Such examinations always excited the severest cramps of the chest, and twitchings of the right lower extremity. With a long probe it was found that on the inner side the whole lumbar region of the abdomen behind the peritoneum from the kidney into the cavity of the pelvis, and on the outer side the interspaces of the dorsal muscles from the inferior angle of the right scapula to the middle of the outer surface of the ilium, formed one cavity, the source of the putrid fluid.

For six weeks after the operation the condition of the patient seemed hopeless; he became weaker and more emaciated, had severe spasms of the pharynx and rectum, and was in a state of utter prostration. At the end of this time, however, and quite unexpectedly, the sloughing away of the cellular tissue gradually ceased, the wound assumed a more healthy aspect, the matter discharged became thicker and more purulent, acquired a stercoraceous odour, and soon after was found to contain small portions of faeces. At the same time the general condition of the patient improved.

The whole of the cavity above described was filled twice a day with dry charpie pushed into it as far as possible with a long and thick piece of whalebone. On passing the latter as a probe forwards and downwards over the crista ilii, one came in the neighbourhood of the fifth lumbar transverse process, immediately at the outer edge of the quadratus lumborum, to an aperture as big as a large quill, through which the whalebone passed to a depth of six or eight inches, till it was stopped by a soft yielding substance. There could be no doubt that this hole led into the caecum; and it was found that by closing it accurately with charpie, and keeping the patient on his left side, with a careful diet and open bowels, the evacuation of fecal matter through the wound was entirely prevented. With some unimportant interruptions, the gradual closure of the cavity went on steadily after the eighth week from the operation. The quantity of charpie necessary to fill it up (which had at first been very considerable) decreased with the diminution of the discharge; the thigh which had been fixed in the flexed posture became more and more moveable; and all the functions of the body were gradually restored to their natural state. In rather more than ten months from the day on which the cavity was opened, the external wound was completely healed; no relapse took place; the muscles which had been implicated in the disease gradually gained power, and in rather less than two years from the commencement of his malady, the patient was restored to his former ro-

bust health.—*Ibid.*, from *Von Ammon's Monatsschrift für Medicin, u. a.*

Apoplexy, with Hemiplegia, in consequence of Fright. By Dr. RITTER.—The only peculiarity of this case is its cause. A robust and rather plethoric woman, thirty-eight years old, was in perfect health and speaking to a neighbour, when her servant girl frightened her by brandishing a bright spiral wire over her head, so as to make it look as if a snake were falling on her. In her fright the woman suddenly fell down as in an apoplectic fit, and remained for some time nearly unconscious. When examined she complained of a noise and beating in the left side of her head, deafness of the left ear, and of blindness and loss of taste on the same side. She could not move any part of the left side of the body, and in every respect resembled a patient suffering from hemiplegia in consequence of sanguineous apoplexy. By active antiphlogistic treatment, and various other measures, she was gradually restored from this state in about three months.—*Ibid.*, from *Medicinische Zeitung. September 9, 1840.*

Observations on the Therapeutic Efficacy of Ammoniuret of Copper in Chorea. By Dr. FEDELE DI FIORE.—Two cases are related of genuine chorea to prove the value of this once esteemed remedy, which in Italy passes by the name of "the specific of Stissero." In each case nearly all the usual and most active methods of treatment had been adopted before this was resorted to; bleedings, leeches along the spine, anthelmintics, purgatives, cold baths, and various antispasmodics had all signally failed to produce benefit, when the ammoniuret of copper was commenced. In doses beginning at one-eighth, and gradually increased to half a grain twice a day; the latter effected a gradual but perfect cure; in one case within two months, in the other in one month.—*Ibid.*, from *Annali Clinici dell' Ospedale degl' Incurabili. Ottobre, 1839.*

On Itch and its Treatment. By Dr. DE LA HARPE, Chief Physician of the Hospital of Lausanne.—The author gives the following formula for an ointment which he has employed in upwards of 400 patients. It does not appear to irritate the skin, and is said to be better than the liniment of Valentin or the alkaline sulphur ointment of Alibert. The mean duration of treatment was eighteen days in 1836, fifteen in 1837, eleven in 1838, and ten in 1839. The formula is as follows:

Flowers of sulphur, 16 parts; sulphate of zinc, 2; powder of white hellebore, 4; soft soap, 31; lard, 62.

Ibid., from *Gazette Medicale.*

METEOROLOGICAL REGISTER FOR FEBRUARY, 1841.*Kept at the Pennsylvania Hospital, by J. Conrad.*

Date.	Thermometer.			Barometer.		Dew Point.	Winds.		Rain.	REMARKS.
	Max.	Min.	9 A.M.	10 A.M.	3 P.M.		Direction.	Force.		
1	37	32	36	29.90	29.57	31	NW.NE.	2	.780	Sleet from 8½ AM.
2	38	31	33	29.95	29.91	27	NW.E.	0		Cloudy.
3	41	27	38	29.80	29.97	22	SW.NW.	2	.005	Clear; light showers in mor'g.
4	36	23	30	30.37	30.31	8	NW.	1		Clear.
5	39	23	26	30.21	30.07	21	NE.	1		Clear.
6	44	28	35	30.01	30.01	30	NE.SW.	1		Cloudy.
7	38	32	37	30.21	30.20	24	N.	1	.007	Cloudy; snow from 11 AM. till 4 PM.
8	37	27	30	30.38	30.31	18	N.	1		Clear.
9	36	27	33	30.09	29.94	30	NE.	1	.360	Snow from 11 AM. all day.
10	38	16	29	29.94	29.92	9	SW.NW.	2		Clear; snow squall at 1½ PM.
11	20	8	14	30.10	30.00	-6	NW.	2		Clear.
12	15	3	8	30.08	30.00	-7	W.NW.	2		Clear.
13	20	6	13	29.98	29.97	-2	W.NW.	2		Clear.
14	28	13	20	29.97	29.93	4	N.NW.	2		Morning cloudy; afternoon clear.
15	25	14	17	30.02	30.02	4	NW.	3		Clear.
16	36	14	26	30.08	29.98	16	SW.	2		Clear.
17	41	28	34	29.77	29.82	24	SW.NE.	1		Morning partly clear; afternoon cloudy.
18	33	26	28	30.15	30.08	18	NE.SE.	1		Morning cloudy; afternoon clear.
19	42	26	34	29.70	29.67	24	SW.NW.	3		Cloudy; evening clear.
20	44	25	30	29.89	29.79	17	NW.SW.	2		Clear.
21	51	26	35	29.65	29.59	25	SW.	0		Morning clear; aftern'n cloudy.
22	47	34	38	29.73	29.68	31	NE.	0		Clear.
23	58	27	40	29.48	29.63	23	SW.N.	3		Clear; evening cloudy.
24	26	20	22	30.21	30.17	15	NE.	1	.047	Snow from 7½ AM. till 2½ PM; evening clear.
25	34	13	21	30.29	30.24	23	SW.	1		Morning clear; afternoon cloudy.
26	48	32	38	30.17	30.09	32	NW.SE.	0		Clear; evening cloudy.
27	47	35	44	29.74	29.78	36	SW.NW.	1	.188	Rain in morning; evening clear.
28	52	32	40	30.07	30.01	32	SW.	2		Clear.
Mean	37.53	23.14	29.60	29.99	29.95	18.76			1.387	

Mean temperature,

30.33°

" pressure,

29.981 inches.

" dew-point,

18.76°

Clear days,

17

Clouds, rain, &c.

11

Winds—S. to W. 9 days; W. to N. 9 days; N. to E. 8½ days; E. to S. 1½ days.